

ATTACHMENT 3

TEDS Admission Data Dictionary

With

National Outcome Measures (NOMS)

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Attachment 3.1

TEDS Admission Data Items and Definitions

ATTACHMENT 3.1 - TEDS Admissions Data Items

This data dictionary contains detailed information about the data fields in the admission record of the Treatment Episode Data Set (TEDS). The admission record is a client specific record that has data from three TEDS Data Sets, namely, the System Data Set (SDS), the Minimum Data Set (MDS), and the Supplementary Data Set (SuDS). Each data element in the admission record has been assigned a reference number that incorporates the Data Set name and the position of the element in the State Crosswalk. For instance, the first element in the System Data Set is called SDS 1. The numbering of the elements in the Data Sets, e.g., SDS1, MDS1, SuDS1, is the numbering scheme and order followed in the State Crosswalk. [Note that the order of the data elements in this dictionary is NOT the order in which the elements appear on the TEDS submission file layout (see section 3.2 below).] Data elements identified as “Key Fields” are those elements which, taken together, uniquely identify each TEDS record.

(The complete TEDS State Instruction Manual for Admissions data is available for download at http://www.dasis.samhsa.gov/dasis2/manuals/teds_adm_manual.PDF).

NATIONAL OUTCOME MEASURES (NOMS)

The NOMS data elements will be reported in TEDS by States that are participating in the State Outcomes Measurement and Management System (SOMMS) subcontracts. Participation in SOMMS includes reporting the following admissions data elements:

- All System Data Set items;
- All Minimum Data Set items, including a state-wide unique client identifier to be implemented by the end of FY 2007; and
- The three highlighted Supplemental Data Set items, including one new data element, “number of arrests in 30 days prior to admission.” (States are encouraged to submit all of the Supplemental Data Set items, but SOMMS participants are only required to submit the 3 that have been highlighted.)

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SYSTEM TRANSACTION TYPE

SDS 1

DESCRIPTION: DESIGNATES WHETHER THE RECORD ADDS INFORMATION TO THE TEDS DATABASE, CHANGES AN EXISTING RECORD IN THE DATABASE, OR DELETES AN EXISTING RECORD IN THE DATABASE.

VALID ENTRIES: A **ADD**
 C **CHANGE**
 D **DELETE**

AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY SETS THE VALUE OF THE FIELD TO "A."

GUIDELINES: CORRECTIONS AND OTHER CHANGES TO A RECORD IN THE TEDS DATABASE CAN BE ACCOMPLISHED BY SUBMITTING A "CHANGE" (C) RECORD OR BY SUBMITTING A DELETE (D) RECORD ALONG WITH AN ADD (A) RECORD TO REPLACE THE DELETED RECORD.

STATES SUBMITTING NOMS DATA UNDER SOMMS SUBCONTRACTS SHOULD USE THE "CHANGE"(C) PROCESS TO MAKE DATA CORRECTIONS WHEN POSSIBLE.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD: 1
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 1
END COLUMN: 1

STATE CODE – KEY FIELD

SDS 2

DESCRIPTION: IDENTIFIES THE STATE SUBMITTING THE RECORD.

VALID ENTRIES: A VALID FIPS TWO-LETTER STATE CODE.
AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY CAUSES RECORD TO BE REJECTED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 2
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 2
END COLUMN: 3

REPORTING DATE

SDS 3

DESCRIPTION: THE DATE OF THE DATA SUBMISSION TO THE CONTRACTOR.

VALID ENTRIES: **MMYYYY**

IDENTIFIES THE MONTH AND YEAR THE RECORDS ARE SUBMITTED TO THE CONTRACTOR. EVERY RECORD IN A STATE SUBMISSION MUST CONTAIN THE SAME DATE OF SUBMISSION.

OTHER FIELDS: NONE

FIELD LENGTH 6

ASCII FORMAT INFORMATION

FIELD:	3
DATA TYPE:	NUMERIC
BEGIN COLUMN:	4
END COLUMN:	9

PROVIDER IDENTIFIER—KEY FIELD

MDS 1

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE PROVIDER ID IN SAMHSA'S INVENTORY OF SUBSTANCE ABUSE TREATMENT SERVICES (I-SATS). IT MAY BE A STATE PROVIDER ID AS ENTERED IN THE I-SATS, OR THE SAMHSA-ASSIGNED I-SATS PROVIDER ID.

ANY RECORD WITH A TEDS PROVIDER ID THAT DOES NOT MATCH A PROVIDER ID ON THE I-SATS WILL BE PROCESSED AND ADDED TO THE DATABASE. IN THE TEDS DATA PROCESSING REPORT, SUCH RECORDS WILL BE MARKED AS "PROVIDER NOT IN I-SATS." AFTER CONSULTATION WITH THE STATE, A LIST OF THESE ERRORS MAY BE SENT TO THE STATE SO THAT CORRECTION TO THE TEDS OR THE I-SATS ID MAY BE MADE.

IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE

FIELD LENGTH 15

ASCII FORMAT INFORMATION

FIELD:	4
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	10
END COLUMN:	24

CLIENT IDENTIFIER—KEY FIELD

MDS 2

DESCRIPTION: A “CLIENT” IS A PERSON WHO MEET S ALL OF THE FOLLOWING CRITERIA:

1. HAS AN ALCOHOL OR DRUG RELATED PROBLEM, OR IS BEING TREATED AS A CO-DEPENDENT (SEE INSTRUCTIONS FOR MDS-3).
2. HAS COMPLETED THE SCREENING AND INTAKE PROCESS.
3. HAS BEEN FORMALLY ADMITTED FOR TREATMENT OR RECOVERY SERVICE IN AN ALCOHOL OR DRUG TREATMENT UNIT
4. HAS HIS OR HER OWN CLIENT RECORD.

A PERSON IS NOT A CLIENT IF HE OR SHE HAS ONLY COMPLETED A SCREENING OR INTAKE PROCESS OR HAS BEEN PLACED ON A WAITING LIST .

OTHER CONSIDERATIONS:

- **PARTICIPATION IN SOMMS STATE SUBCONTRACTS WILL REQUIRE THAT, BY THE END OF FY 2007, THE STATE’S CLIENT ID BE UNIQUE WITHIN THE STATE AND BE USED EACH TIME THE CLIENT RECEIVES SUBSTANCE ABUSE TREATMENT SERVICES, REGARDLESS OF PROVIDER.**
- IDENTIFIER MUST NOT BE REASSIGNED TO ANOTHER CLIENT.
- IDENTIFIER CAN BE MEANINGLESS.
- RESPONSIBILITY FOR ASSIGNING THE IDENTIFIER BELONGS TO THE STATE.
- IDENTIFIER MUST ENSURE CONFIDENTIALITY OF CLIENT RECORDS.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT IS UNIQUE WITHIN THE STATE FOR NOMS PARTICIPATION AND, FOR STATES NOT PARTICIPATING IN NOMS, AT A MINIMUM, MUST BE UNIQUE WITHIN THE PROVIDER. IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH 15

ASCII FORMAT INFORMATION

FIELD:	5
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	25
END COLUMN:	39

CO-DEPENDENT/COLLATERAL—KEY FIELD

MDS 3

DESCRIPTION: A CO-DEPENDENT/COLLATERAL IS A PERSON WHO HAS NO ALCOHOL OR DRUG ABUSE PROBLEM, BUT SATISFIES ALL OF THE FOLLOWING CONDITIONS:

1. IS SEEKING SERVICES BECAUSE OF PROBLEMS ARISING FROM HIS OR HER RELATIONSHIP WITH AN ALCOHOL OR DRUG USER.
2. HAS BEEN FORMALLY ADMITTED FOR SERVICE TO A TREATMENT UNIT.
3. HAS HIS OR HER OWN CLIENT RECORD OR HAS A RECORD WITHIN A PRIMARY CLIENT RECORD.

STATES NOT COLLECTING CO-DEPENDENT/COLLATERAL DATA DEFAULT TO 2 (No) FOR THIS FIELD; I.E., ALL RECORDS ARE SUBSTANCE ABUSE CLIENT RECORDS.

VALID ENTRIES: 1 **YES**
 2 **NO**

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

GUIDELINES: REPORTING OF CO-DEPENDENT/COLLATERAL DATA IN TEDS IS OPTIONAL. IF THE STATE OPTS TO REPORT CO-DEPENDENT/COLLATERAL CLIENTS, THE MANDATORY FIELDS ARE STATE CODE, PROVIDER IDENTIFIER, CLIENT IDENTIFIER, CLIENT TRANSACTION TYPE, CO-DEPENDENT/COLLATERAL, DATE OF ADMISSION AND SERVICE. REPORTING OF THE REMAINING FIELDS IN THE MDS AND THE SUDS IS OPTIONAL FOR CO-DEPENDENT/COLLATERAL RECORDS. FOR ALL ITEMS NOT REPORTED, THE DATA FIELD MUST BE CODED WITH THE APPROPRIATE "NOT COLLECTED" CODE.

OTHER CONSIDERATIONS:

IF A SUBSTANCE ABUSE CLIENT WITH AN EXISTING RECORD IN TEDS BECOMES A CO-DEPENDENT, A NEW CLIENT RECORD SHOULD BE SUBMITTED INDICATING THAT THE CLIENT IS AN "ADMISSION" AS A CO-DEPENDENT. THE REVERSE IS ALSO TRUE FOR A PERSON WHO IS A CO-DEPENDENT FIRST AND THEN BECOMES A SUBSTANCE ABUSE CLIENT.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	6
DATA TYPE:	NUMERIC
BEGIN COLUMN:	40
END COLUMN:	40

CLIENT TRANSACTION TYPE—KEY FIELD

MDS 4

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER A RECORD IS FOR AN **ADMISSION (A)** OR A **TRANSFER/CHANGE IN SERVICE (T)**. NOTE: SOME STATES MAY USE OTHER TERMINOLOGY SUCH AS “INITIAL ADMISSION” AND “TRANSFER ADMISSION” IN PLACE OF ADMISSION AND TRANSFER.

VALID ENTRIES:

A **ADMISSION**
T **TRANSFER / CHANGE IN SERVICE**

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

GUIDELINES: FOR PURPOSES OF REPORTING TO TEDS, A TREATMENT EPISODE IS DEFINED AS THAT PERIOD OF SERVICE BETWEEN THE BEGINNING OF TREATMENT FOR A DRUG OR ALCOHOL PROBLEM AND THE TERMINATION OF SERVICES FOR THE PRESCRIBED TREATMENT PLAN. THE EPISODE INCLUDES ONE ADMISSION (WHEN SERVICES BEGIN), AND AT LEAST ONE DISCHARGE (WHEN SERVICES END). WITHIN A TREATMENT EPISODE, A CLIENT MAY TRANSFER TO A DIFFERENT SERVICE, FACILITY, PROGRAM OR LOCATION. IN SOME DATA SYSTEMS, SUCH TRANSFERS MAY GENERATE “ADMISSIONS” RECORDS. WHEN IT IS FEASIBLE FOR THE STATE TO IDENTIFY TRANSFERS, THEY SHOULD **NOT** BE REPORTED AS ADMISSIONS (A), BUT SHOULD BE REPORTED AS TRANSFERS (T). (THE SAME DATA ARE REPORTED TO TEDS FOR A TRANSFER AS FOR AN ADMISSION). EACH ADMISSION AND TRANSFER SHOULD HAVE AN ASSOCIATED DISCHARGE RECORD. WHEN ADMISSIONS AND TRANSFERS CANNOT BE DIFFERENTIATED IN A STATE DATA SYSTEM, SUCH CHANGES IN SERVICE SHOULD BE REPORTED TO TEDS AS ADMISSIONS (A). AN EXPLANATION OF THE REPORTING PROCEDURES SHOULD BE NOTED IN THE STATE CROSSWALK.

DATA SET CONSIDERATIONS FOR TRANSFERS (T)

(THE FOLLOWING APPLIES ONLY IF THE STATE DATA SYSTEM IS CAPABLE OF IDENTIFYING TRANSFERS AND LINKING TRANSFERS WITH THE (INITIAL) ADMISSION OF A TREATMENT EPISODE. OTHERWISE, TRANSFER RECORDS SHOULD BE COMPLETED IN THE SAME MANNER AS ADMISSIONS RECORDS).

ENTER IN THE FOLLOWING FIELDS THE VALUES AT THE TIME OF THE TRANSFER/CHANGE-IN-SERVICE:

- PROVIDER ID (MDS 1)
- DATE OF TRANSFER (MDS ITEM 5)
- SERVICES (MDS ITEM 18)

ENTER IN THE FOLLOWING FIELDS THE VALUES FROM THE ASSOCIATED (PRECEDING) ADMISSION RECORD:

- CLIENT ID (MDS 2)
- CO-DEPENDENT/COLLATERAL (MDS 3)
- DATE OF BIRTH (MDS 8)
- SEX (MDS 9)
- RACE (MDS 10)
- ETHNICITY (MDS 11)

ENTER UPDATED INFORMATION IN THE FOLLOWING FIELDS, IF POSSIBLE.

- EMPLOYMENT STATUS (MDS 13)
- OPIOID REPLACEMENT THERAPY (MDS 19)
- PREGNANT AT TIME OF ADMISSION (SUDS 6)
- DETAILED NOT IN LABOR FORCE (SUDS 12)

ALL OTHER FIELDS FROM THE MINIMUM AND OPTIONAL DATA SETS CAN BE UPDATED FOR TRANSFERS AT THE STATE'S DISCRETION. IF A FIELD IS NOT UPDATED, IT SHOULD BE TRANSMITTED TO TEDS WITH ITS VALUE FROM THE ASSOCIATED (PRECEDING) ADMISSION RECORD.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	7
DATA TYPE:	ALPHANUMERIC
BEGIN COLUMN:	41
END COLUMN:	41

Date of Admission—Key Field

MDS 5

DESCRIPTION: THE DAY WHEN THE CLIENT RECEIVES HIS OR HER FIRST DIRECT TREATMENT OR RECOVERY SERVICE.

VALID ENTRIES: **MMDDYYYY**

IF THIS FIELD CONTAINS AN INVALID VALUE, THE RECORD WILL NOT BE PROCESSED.

MM MUST BE 01 THRU 12 AND DD MUST BE 01 THRU 31. AS OF JANUARY 2005, TEDS ACCEPTS RECORDS WITH A DATE OF ADMISSION OF JANUARY 1, 2000 OR LATER. AS OF JANUARY 2006, ADMISSION DATE MUST BE JANUARY 1, 2001 OR LATER. EACH JANUARY THEREAFTER, ACCEPTABLE ADMISSION DATE WILL BE ONE YEAR LATER. RECORDS WITH ADMISSION DATE PRIOR TO THE ACCEPTABLE DATE ARE REJECTED.

OTHER FIELDS: NONE

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD:	8
DATA TYPE:	NUMERIC
BEGIN COLUMN:	42
END COLUMN:	49

NUMBER OF PRIOR TREATMENT EPISODES

MDS 6

DESCRIPTION: INDICATES THE NUMBER OF PREVIOUS TREATMENT EPISODES THE CLIENT HAS RECEIVED IN ANY DRUG OR ALCOHOL PROGRAM. CHANGES IN SERVICE FOR THE SAME EPISODE (TRANSFERS) SHOULD **NOT** BE COUNTED AS SEPARATE PRIOR EPISODES.

VALID ENTRIES:

0	0 PREVIOUS EPISODES
1	1 PREVIOUS EPISODE
2	2 PREVIOUS EPISODES
3	3 PREVIOUS EPISODES
4	4 PREVIOUS EPISODES
5	5 OR MORE PREVIOUS EPISODES
7	UNKNOWN
8	NOT COLLECTED

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES: IT IS PREFERRED THAT THE NUMBER OF PRIOR TREATMENTS BE A SELF-REPORTING FIELD COLLECTED AT THE TIME OF CLIENT INTAKE. HOWEVER, THIS DATA ITEM MAY BE DERIVED FROM THE STATE DATA SYSTEM, IF THE SYSTEM HAS THAT CAPABILITY, AND EPISODES CAN BE COUNTED FOR AT LEAST SEVERAL YEARS.

THE NUMBER OF PRIOR TREATMENTS FOR A CO-DEPENDENT/COLLATERAL RECORD SHOULD INCLUDE ONLY TREATMENTS AS A CO-DEPENDENT.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	10
DATA TYPE:	NUMERIC
BEGIN COLUMN:	52
END COLUMN:	52

PRINCIPAL SOURCE OF REFERRAL

MDS 7

DESCRIPTION: DESCRIBES THE PERSON OR AGENCY REFERRING THE CLIENT TO THE ALCOHOL OR DRUG ABUSE TREATMENT PROGRAM.

VALID ENTRIES:

- 01 INDIVIDUAL (INCLUDES SELF-REFERRAL)**—INCLUDES THE CLIENT, A FAMILY MEMBER, FRIEND OR ANY OTHER INDIVIDUAL WHO WOULD NOT BE INCLUDED IN ANY OF THE FOLLOWING CATEGORIES. INCLUDES SELF-REFERRAL DUE TO PENDING DWI/DUI
- 02 ALCOHOL/DRUG ABUSE CARE PROVIDER**—ANY PROGRAM, CLINIC OR OTHER HEALTH CARE PROVIDER WHOSE PRINCIPAL OBJECTIVE IS TREATING CLIENTS WITH SUBSTANCE ABUSE PROBLEMS, OR A PROGRAM WHOSE ACTIVITIES ARE RELATED TO ALCOHOL OR OTHER DRUG ABUSE PREVENTION, EDUCATION OR TREATMENT.
- 03 OTHER HEALTH CARE PROVIDER**—A PHYSICIAN, PSYCHIATRIST OR OTHER LICENSED HEALTH CARE PROFESSIONAL; OR GENERAL HOSPITAL, PSYCHIATRIC HOSPITAL, MENTAL HEALTH PROGRAM OR NURSING HOME.
- 04 SCHOOL (EDUCATIONAL)**—A SCHOOL PRINCIPAL, COUNSELOR, OR TEACHER; OR A STUDENT ASSISTANCE PROGRAM (SAP), THE SCHOOL SYSTEM, OR AN EDUCATIONAL AGENCY.
- 05 EMPLOYER/EAP**—A SUPERVISOR OR AN EMPLOYEE COUNSELOR.
- 06 OTHER COMMUNITY REFERRAL**—COMMUNITY OR RELIGIOUS ORGANIZATION OR ANY FEDERAL, STATE OR LOCAL AGENCY THAT PROVIDES AID IN THE AREAS OF POVERTY RELIEF, UNEMPLOYMENT, SHELTER OR SOCIAL WELFARE. SELF HELP GROUPS SUCH AS ALCOHOLICS ANONYMOUS (AA), AL-ANON, NARCOTICS ANONYMOUS (NA) ARE ALSO INCLUDED IN THIS CATEGORY. DEFENSE ATTORNEYS ARE INCLUDED IN THIS CATEGORY.
- 07 COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI**—ANY POLICE OFFICIAL, JUDGE, PROSECUTOR, PROBATION OFFICER OR OTHER PERSON AFFILIATED WITH A FEDERAL, STATE OR COUNTY JUDICIAL SYSTEM. INCLUDES REFERRAL BY A COURT FOR DWI/DUI, CLIENTS REFERRED IN LIEU OF OR FOR DEFERRED PROSECUTION, OR DURING PRETRIAL RELEASE, OR BEFORE OR AFTER OFFICIAL ADJUDICATION. INCLUDES CLIENTS ON PRE-PAROLE, PRE-RELEASE, WORK OR HOME FURLOUGH OR TASC. CLIENT NEED NOT BE OFFICIALLY DESIGNATED AS "ON PAROLE." INCLUDES CLIENTS REFERRED THROUGH CIVIL COMMITMENT. CLIENT REFERRALS IN THIS CATEGORY ARE FURTHER DEFINED IN DETAILED CRIMINAL JUSTICE REFERRAL (SUDS 13).
- 97 UNKNOWN**
- 98 NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE

OTHER FIELDS: **SUDS 13** (DETAILED CRIMINAL JUSTICE REFERRAL) IS USED TO PROVIDE A DETAILED BREAKDOWN OF THE
“COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWT” CATEGORY (07).

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	11
DATA TYPE:	NUMERIC
BEGIN COLUMN:	53
END COLUMN:	54

DATE OF BIRTH

MDS 8

DESCRIPTION: CLIENT'S DATE OF BIRTH.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THRU 12 AND DD MUST BE 01 THRU 31.

UNKNOWN (01010007) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (01010008) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID** (01010009) WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH ITEM 17, AGE OF FIRST USE (PRIMARY, SECONDARY AND TERTIARY) AS FOLLOWS:

IF AGE CALCULATED FROM DATE OF ADMISSION MINUS DATE OF BIRTH IS LESS THAN OR EQUAL TO AGE OF FIRST USE, **INVALID** (01010009) WILL BE ENTERED IN THE DATE OF BIRTH FIELD. THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD:	12
DATA TYPE:	NUMERIC
BEGIN COLUMN:	55
END COLUMN:	62

SEX

MDS 9

DESCRIPTION: IDENTIFIES CLIENT'S SEX.

VALID ENTRIES:

1	MALE
2	FEMALE
7	UNKNOWN
8	NOT COLLECTED

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH SUDS ITEM 6, PREGNANT AT TIME OF ADMISSION/DISCHARGE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	13
DATA TYPE:	NUMERIC
BEGIN COLUMN:	63
END COLUMN:	63

RACE

MDS 10

DESCRIPTION: SPECIFIES THE CLIENT'S RACE

VALID ENTRIES:

- 01 **ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF ALASKA.
- 02 **AMERICAN INDIAN (OTHER THAN ALASKA NATIVE)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
- 13 **ASIAN** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.
- 23 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

(STATES THAT CANNOT SEPARATE ASIAN FROM NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDERS SHOULD USE CODE 03)
03 **ASIAN OR PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, SOUTHEAST ASIA OR THE PACIFIC ISLANDS.
- 04 **BLACK OR AFRICAN AMERICAN** — ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- 05 **WHITE**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
- 20 **OTHER SINGLE RACE**—USE THIS CATEGORY FOR INSTANCES IN WHICH THE CLIENT IS NOT CLASSIFIED IN ANY CATEGORY ABOVE OR WHOSE ORIGIN GROUP, BECAUSE OF AREA CUSTOM, IS REGARDED AS A RACIAL CLASS DISTINCT FROM THE ABOVE CATEGORIES. (DO NOT USE THIS CATEGORY FOR CLIENTS INDICATING MULTIPLE RACES)
- 21 **TWO OR MORE RACES** – USE THIS CODE WHEN THE STATE DATA SYSTEM ALLOWS MULTIPLE RACE SELECTION AND MORE THAN ONE RACE IS INDICATED. (SEE GUIDELINES BELOW).
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) - USE THIS CODE FOR ALL RECORDS IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, INVALID (99) WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO THE DATABASE.

GUIDELINES:

IF STATE DOES NOT DISTINGUISH BETWEEN AMERICAN INDIAN AND ALASKA NATIVE, CODE BOTH AS 02, AMERICAN INDIAN.

STATES THAT CAN SEPARATE “ASIAN” AND “NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER” SHOULD USE CODES 13 AND 23 FOR THOSE CATEGORIES. STATES THAT CANNOT MAKE THE SEPARATION SHOULD USE THE COMBINED CODE 03 UNTIL THE SEPARATION BECOMES POSSIBLE. ONCE A STATE BEGINS USING CODES 13 AND 23, CODE 03 SHOULD NO LONGER BE USED BY THAT STATE. STATES ARE ASKED TO CONVERT TO THE NEW CATEGORIES WHEN POSSIBLE.

GUIDELINES FOR STATES THAT COLLECT MULTIPLE RACES :

- A. WHEN A SINGLE RACE IS DESIGNATED, THAT SPECIFIC RACE CODE SHOULD BE USED.
- B. IF THE STATE SYSTEM COLLECTS A "PRIMARY" OR "PREFERRED" RACE ALONG WITH ADDITIONAL RACES, THE CODE FOR THE PRIMARY/PREFERRED RACE SHOULD BE USED, REGARDLESS OF WHETHER OR NOT ADDITIONAL RACES HAVE BEEN DESIGNATED.
- C. IF THE STATE USES A SYSTEM, SUCH AS AN ALGORITHM, TO SELECT A SINGLE RACE WHEN MULTIPLE RACES HAVE BEEN SELECTED FOR AN INDIVIDUAL, THE SAME SYSTEM MAY BE USED TO DESIGNATE THE RACE CODE FOR TEDS.
- D. WHEN TWO OR MORE RACES ARE DESIGNATED AND NEITHER B NOR C ABOVE APPLY, CODE 21 (TWO OR MORE RACES) SHOULD BE USED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	14
DATA TYPE:	NUMERIC
BEGIN COLUMN:	64
END COLUMN:	65

ETHNICITY

MDS 11

DESCRIPTION: IDENTIFIES CLIENT'S SPECIFIC HISPANIC ORIGIN.

VALID ENTRIES: 01 **PUERTO RICAN**—OF PUERTO RICAN ORIGIN REGARDLESS OF RACE.
02 **MEXICAN**—OF MEXICAN ORIGIN REGARDLESS OF RACE.
03 **CUBAN**—OF CUBAN ORIGIN REGARDLESS OF RACE.
04 **OTHER SPECIFIC HISPANIC**—OF KNOWN CENTRAL OR SOUTH AMERICAN OR ANY OTHER SPANISH CULTURAL ORIGIN (INCLUDING SPAIN), OTHER THAN PUERTO RICAN, MEXICAN OR CUBAN, REGARDLESS OF RACE.
05 **NOT OF HISPANIC ORIGIN**
06 **HISPANIC - SPECIFIC ORIGIN NOT SPECIFIED** — OF HISPANIC ORIGIN, BUT SPECIFIC ORIGIN NOT KNOWN OR NOT SPECIFIED

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

IF A STATE DOES NOT COLLECT SPECIFIC HISPANIC DETAIL, CODE ETHNICITY FOR HISPANICS AS 06 HISPANIC- SPECIFIC ORIGIN NOT SPECIFIED.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	15
DATA TYPE:	NUMERIC
BEGIN COLUMN:	66
END COLUMN:	67

EDUCATION

MDS 12

DESCRIPTION: SPECIFIES THE HIGHEST SCHOOL GRADE THE CLIENT HAS COMPLETED.

VALID ENTRIES:

00	LESS THAN ONE GRADE COMPLETED
01-25	YEARS OF SCHOOL (HIGHEST GRADE) COMPLETED (FOR GENERAL EQUIVALENCY DEGREE, USE 12)
97	UNKNOWN
98	NOT COLLECTED

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

STATES THAT USE SPECIFIC CATEGORIES FOR SOME CODE NUMBERS SHOULD MAP THEIR CODES TO A LOGICAL "NUMBER OF YEARS OF SCHOOL COMPLETED." THE MAPPING SHOULD BE RECORDED IN THE STATE CROSSWALK AND PROGRAMMED FOR PRODUCTION OF THE TEDS DATA. FOR EXAMPLE, A STATE CODE FOR BACHELOR DEGREE WOULD BE MAPPED TO TEDS YEARS OF SCHOOL COMPLETED CODE 16.

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	16
DATA TYPE:	NUMERIC
BEGIN COLUMN:	68
END COLUMN:	69

EMPLOYMENT STATUS

MDS 13

DESCRIPTION: IDENTIFIES THE CLIENT'S EMPLOYMENT STATUS AT THE TIME OF ADMISSION OR TRANSFER.

VALID ENTRIES:

- 01 **FULL TIME**—WORKING 35 HOURS OR MORE EACH WEEK, INCLUDING MEMBERS OF THE UNIFORMED SERVICES.
- 02 **PART TIME**—WORKING FEWER THAN 35 HOURS EACH WEEK.
- 03 **UNEMPLOYED**—LOOKING FOR WORK DURING THE PAST 30 DAYS OR ON LAYOFF FROM A JOB.
- 04 **NOT IN LABOR FORCE**—NOT LOOKING FOR WORK DURING THE PAST 30 DAYS OR A STUDENT, HOMEMAKER, DISABLED, RETIRED OR AN INMATE OF AN INSTITUTION. CLIENTS IN THIS CATEGORY ARE FURTHER DEFINED IN SUDS 12-DETAILED NOT IN LABOR FORCE.
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

SEASONAL WORKERS ARE CODED IN THIS CATEGORY BASED ON THEIR EMPLOYMENT STATUS AT TIME OF ADMISSION. FOR EXAMPLE, IF THEY ARE EMPLOYED FULL TIME AT THE TIME OF ADMISSION, THEY ARE CODED 01. IF THEY ARE NOT IN LABOR FORCE AT THE TIME OF ADMISSION, THEY ARE CODED 04.

OTHER FIELDS: **SUDS 12** (DETAILED NOT IN LABOR FORCE) IS USED TO PROVIDE A DETAILED BREAKDOWN OF THE “NOT IN LABOR FORCE” CATEGORY (04).

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	17
DATA TYPE:	NUMERIC
BEGIN COLUMN:	70
END COLUMN:	71

SUBSTANCE PROBLEM CODE, PRIMARY

MDS 14 (A)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S PRIMARY SUBSTANCE PROBLEM.

EACH SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY, OR TERTIARY PROBLEM CODE) HAS ASSOCIATED FIELDS FOR ROUTE OF ADMINISTRATION, FREQUENCY OF USE, AGE AT FIRST USE, AND (IF COLLECTED) DETAILED DRUG CODE; E.G., PRIMARY SUBSTANCE PROBLEM CODE, PRIMARY ROUTE OF ADMINISTRATION, PRIMARY AGE OF FIRST USE, AND (IF COLLECTED) PRIMARY DETAILED DRUG CODE.

VALID ENTRIES:

- 01 **NONE**
- 02 **ALCOHOL**
- 03 **COCAINE/CRACK**
- 04 **MARIJUANA/HASHISH**—INCLUDES THC AND ANY OTHER CANNABIS SATIVA PREPARATIONS.
- 05 **HEROIN**
- 06 **NON-PRESCRIPTION METHADONE**
- 07 **OTHER OPIATES AND SYNTHETICS**—INCLUDES CODEINE, HYDROCODONE, HYDROMORPHONE, MEPERIDINE, MORPHINE, OPIUM, OXYCODONE, PENTAZOCINE, PROPOXYPHENE, TRAMADOL, AND ANY OTHER DRUG WITH MORPHINE-LIKE EFFECTS.
- 08 **PCP**—PHENCYCLIDINE
- 09 **OTHER HALLUCINOGENS**—INCLUDES LSD, DMT, STP, HALLUCINOGENS, Mescaline, PEYOTE, PSILOCYBIN, ETC.
- 10 **METHAMPHETAMINE**
- 11 **OTHER AMPHETAMINES**—INCLUDES AMPHETAMINES, MDMA, PHENMETRAZINE, AND OTHER UNSPECIFIED AMINES AND RELATED DRUGS.
- 12 **OTHER STIMULANTS**—INCLUDES METHYLPHENIDATE AND ANY OTHER STIMULANTS
- 13 **BENZODIAZEPINES**—INCLUDES ALPRAZOLAM, CHLORDIAZEPOXIDE, CLONAZEPAM, CLORAZEPATE, DIAZEPAM, FLUNITRAZEPAM, FLURAZEPAM, HALAZEPAM, LORAZEPAM, OXAZEPAM, PRAZEPAM, TEMAZEPAM, TRIAZOLAM, AND OTHER UNSPECIFIED BENZODIAZEPINES.
- 14 **OTHER NON-BENZODIAZEPINE TRANQUILIZERS**—INCLUDES MEPROBAMATE, TRANQUILIZERS, ETC
- 15 **BARBITURATES**—INCLUDES AMOBARBITAL, PENTOBARBITAL, PHENOBARBITAL, SECOBARBITAL, ETC.
- 16 **OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS**—INCLUDES CHLORAL HYDRATE, ETHCHLORVYNOL, GLUTETHIMIDE, METHAQUALONE, SEDATIVES/HYPNOTICS, ETC.
- 17 **INHALANTS**—INCLUDES CHLOROFORM, ETHER, GASOLINE, GLUE, NITROUS OXIDE, PAINT THINNER, ETC.
- 18 **OVER-THE-COUNTER**—INCLUDES ASPIRIN, COUGH SYRUP, DIPHENHYDRAMINE AND OTHER ANTI-HISTAMINES, SLEEP AIDS, AND ANY OTHER LEGALLY OBTAINED, NON-PRESCRIPTION MEDICATION.
- 20 **OTHER**—INCLUDES DIPHENYLHYDANTOIN/PHENYTOIN, GHB/GBL, KETAMINE, ETC.

- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) - USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES: TEDS RELATIONSHIP BETWEEN SUBSTANCE PROBLEM CODES (MDS 14 A, B AND C) AND ROUTE OF ADMINISTRATION (MDS 15 A, B AND C)

- STATES THAT DO NOT COLLECT DETAILED DRUG CODE DATA:

FOR THESE STATES, A RECORD MAY NOT HAVE DUPLICATE SUBSTANCE PROBLEM CODES (MDS 14 A, B AND C) WITH IDENTICAL ROUTES OF ADMINISTRATION (MDS 15 A, B AND C). FOR EXAMPLE:

IF THE CODE IN BOTH MDS 14 (A) AND MDS 14 (B) IS 09, AND THE CODE IN BOTH MDS 15 (A) AND MDS 15 (B) IS 01, THEN THE DUPLICATE CODES IN 14(B) AND 15(B) WILL BE SET TO **INVALID** (99).

- STATES THAT DO COLLECT DETAILED DRUG CODE DATA:

FOR THESE STATES, RECORDS MAY HAVE DUPLICATE SUBSTANCE PROBLEM CODES AND IDENTICAL ROUTES OF ADMINISTRATION IF THE CORRESPONDING DETAILED DRUG CODES ARE DIFFERENT OR ARE "MULTIPLE" DRUG CODES (SEE EXPLANATION UNDER DATA ITEM SUDS 1).

IF THE CODE IN BOTH MDS 14 (A) AND MDS 14 (B) IS 13, AND THE CODE IN BOTH MDS 15 (A) AND MDS 15 (B) IS 01, THEN THESE ARE VALID CODES PROVIDED THERE ARE DIFFERENT DETAILED DRUG CODES IN SUDS 1 (DETAILED DRUG CODE, PRIMARY) AND SUDS 2 (DETAILED DRUG CODE, SECONDARY), FOR EXAMPLES 1301 AND 1302.

TEDS RELATIONSHIP BETWEEN SUBSTANCE PROBLEM CODES (MDS 14) AND DETAILED DRUG CODES (SUDS 1)

THE DETAILED DRUG CODE(S) (SUDS 1, 2 AND 3) IS USED TO PROVIDE A MORE DETAILED DESCRIPTION OF THE SUBSTANCE (S) REPORTED IN THE CORRESPONDING SUBSTANCE PROBLEM CODE(S) (MDS 14 A, B AND C). THE PRIMARY SUBSTANCE CODE CORRESPONDS TO THE PRIMARY DETAILED CODE, THE SECONDARY TO SECONDARY, ETC. FOR DETAILS, REFER TO THE SUPPLEMENTARY DATA SET ITEM, DETAILED DRUG CODES (SUDS 1), LATER IN THIS ATTACHMENT.

FOR GUIDANCE ON SPECIFIC SUBSTANCES TO INCLUDE IN THE SUBSTANCE CATEGORIES, PLEASE REFER TO THE DETAILED DRUG CATEGORIES (SUDS 1) LATER IN THIS DICTIONARY.

OTHER FIELDS:

MDS 3: Co-DEPENDENT/COLLATERAL: IF THE FIELD MDS 14 (A, B OR C) IS BLANK AND MDS 3 IS '2' (NO), THE FIELD MDS 14 (A, B OR C) WILL BE SET TO **INVALID** (99).

IF THE FIELD MDS 3 IS "1" (CODEDEPENDENT) AND NO SUBSTANCE IS REPORTED, THEN MDS 14 (A, B AND C) SHOULD BE CODED "97" OR "98", DEPENDING OF THE STATE CROSSWALK PLAN. THE CODE "01" SHOULD NOT BE USED IN THIS CASE, AND THE FOLLOWING FIELDS SHOULD BE CODED 98:

MDS 15 (A-C): USUAL ROUTE OF ADMINISTRATION, PRIMARY, SECONDARY, AND TERTIARY

MDS 16 (A-C): FREQUENCY OF USE PRIMARY, SECONDARY, AND TERTIARY

MDS 17 (A-C): AGE OF FIRST USE, PRIMARY, SECONDARY, AND TERTIARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	18
DATA TYPE:	NUMERIC
BEGIN COLUMN:	72
END COLUMN:	73

SUBSTANCE PROBLEM CODE, SECONDARY

MDS 14 (B)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S SECONDARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY FOR VALID CODE ENTRIES

GUIDELINES: SEE SUBSTANCE PROBLEM CODE, PRIMARY

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	22
DATA TYPE:	NUMERIC
BEGIN COLUMN:	80
END COLUMN:	81

SUBSTANCE PROBLEM CODE, TERTIARY

MDS 14 (c)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S TERTIARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY, FOR VALID CODE ENTRIES.

GUIDELINES: SEE SUBSTANCE PROBLEM CODE, PRIMARY

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	26
DATA TYPE:	NUMERIC
BEGIN COLUMN:	88
END COLUMN:	89

USUAL ROUTE OF ADMINISTRATION, PRIMARY

MDS 15 (A)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**.

VALID ENTRIES:

01 **ORAL**
02 **SMOKING**
03 **INHALATION**
04 **INJECTION (IV OR INTRAMUSCULAR)**
20 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 19
DATA TYPE: NUMERIC
BEGIN COLUMN: 74
END COLUMN: 75

USUAL ROUTE OF ADMINISTRATION, SECONDARY

MDS 15 (B)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**.

VALID ENTRIES:

01 **ORAL**
02 **SMOKING**
03 **INHALATION**
04 **INJECTION (IV OR INTRAMUSCULAR)**
20 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	23
DATA TYPE:	NUMERIC
BEGIN COLUMN:	82
END COLUMN:	83

USUAL ROUTE OF ADMINISTRATION, TERTIARY

MDS 15 (C)

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (C) SUBSTANCE PROBLEM CODE, TERTIARY**.

VALID ENTRIES:

01 **ORAL**
02 **SMOKING**
03 **INHALATION**
04 **INJECTION (IV OR INTRAMUSCULAR)**
20 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	27
DATA TYPE:	NUMERIC
BEGIN COLUMN:	90
END COLUMN:	91

FREQUENCY OF USE, PRIMARY

MDS 16 (A)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**. .

VALID ENTRIES: 01 **NO USE IN THE PAST MO NTH**
02 **1-3 TIMES IN THE PAST MO NTH**
03 **1-2 TIMES IN THE PAST WEEK**
04 **3-6 TIMES IN THE PAST WEEK**
05 **DAILY**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	20
DATA TYPE:	NUMERIC
BEGIN COLUMN:	76
END COLUMN:	77

FREQUENCY OF USE, SECONDARY

MDS 16 (B)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**.

VALID ENTRIES: 01 **NO USE IN THE PAST MONTH**
02 **1-3 TIMES IN THE PAST MONTH**
03 **1-2 TIMES IN THE PAST WEEK**
04 **3-6 TIMES IN THE PAST WEEK**
05 **DAILY**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	24
DATA TYPE:	NUMERIC
BEGIN COLUMN:	84
END COLUMN:	85

FREQUENCY OF USE, TERTIARY

MDS 16 (C)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **MDS 14 (C) SUBSTANCE PROBLEM CODE, TERTIARY**.

VALID ENTRIES: 01 **NO USE IN THE PAST MONTH**
02 **1-3 TIMES IN THE PAST MONTH**
03 **1-2 TIMES IN THE PAST WEEK**
04 **3-6 TIMES IN THE PAST WEEK**
05 **DAILY**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	28
DATA TYPE:	NUMERIC
BEGIN COLUMN:	92
END COLUMN:	93

AGE OF FIRST USE, PRIMARY

MDS 17 (A)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (A) SUBSTANCE PROBLEM CODE, PRIMARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION.

VALID ENTRIES: 00 **INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.**
01 – 95 **INDICATES THE AGE AT FIRST USE.**

96 **NOT APPLICABLE**

97 **UNKNOWN**

98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(A) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH, TO CHECK THAT CLIENT AGE IS GREATER THAN THE AGE OF FIRST USE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	21
DATA TYPE:	NUMERIC
BEGIN COLUMN:	78
END COLUMN:	79

AGE OF FIRST USE, SECONDARY

MDS 17 (B)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (B) SUBSTANCE PROBLEM CODE, SECONDARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION.

VALID ENTRIES: 00 **INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.**
01 – 95 **INDICATES THE AGE AT FIRST USE.**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(B) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH, TO ASSURE THAT CLIENT AGE IS GREATER THAN THE AGE OF FIRST USE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	25
DATA TYPE:	NUMERIC
BEGIN COLUMN:	86
END COLUMN:	87

AGE OF FIRST USE, TERTIARY

MDS 17 (c)

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE IDENTIFIED IN **MDS 14 (c) SUBSTANCE PROBLEM CODE, TERTIARY**. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION.

VALID ENTRIES: 00 **INDICATES A NEWBORN WITH A SUBSTANCE DEPENDENCY PROBLEM.**
01 – 95 **INDICATES THE AGE AT FIRST USE.**

96 **NOT APPLICABLE**

97 **UNKNOWN**

98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN MDS 14(C) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: THIS FIELD IS CROSS-CHECKED WITH MDS ITEM 8, DATE OF BIRTH, TO CHECK THAT CLIENT AGE IS GREATER THAN THE AGE OF FIRST USE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	29
DATA TYPE:	NUMERIC
BEGIN COLUMN:	94
END COLUMN:	95

TYPE OF SERVICES—KEY FIELD

MDS 18

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT RECEIVES.

- VALID ENTRIES:
- 01 **DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT**
24-HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL.
 - 02 **DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL**
24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT .
 - 03 **REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR**
PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 04 **REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)**
TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 05 **REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)**
TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES.
 - 06 **AMBULATORY—INTENSIVE-OUTPATIENT-**
AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK.
 - 07 **AMBULATORY— NON-INTENSIVE OUTPATIENT-**
AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES. THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES.
 - 08 **AMBULATORY—DETOXIFICATION -**
OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL).

IF THIS FIELD CONTAINS AN INVALID VALUE, OR IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	9
DATA TYPE:	NUMERIC
BEGIN COLUMN:	50
END COLUMN:	51

OPIOID REPLACEMENT THERAPY

MDS 19

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER THE USE OF METHADONE OR BUPRENORPHINE IS PART OF THE CLIENT'S TREATMENT PLAN.

VALID ENTRIES: 1 **YES**
 2 **NO**

 7 **UNKNOWN**
 8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (9)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	30
DATA TYPE:	NUMERIC
BEGIN COLUMN:	96
END COLUMN:	96

DETAILED DRUG CODE, PRIMARY

SuDS 1

DESCRIPTION: THIS FIELD IDENTIFIES, IN GREATER DETAIL, THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM "SUBSTANCE PROBLEM CODE, PRIMARY."

GUIDELINES: FOR DETAILED DRUG CODE, PRIMARY, SECONDARY AND TERTIARY:

- STATES THAT DO NOT COLLECT DETAILED DRUG CODES USE A VALUE OF NOT COLLECTED (9998) IN THE DETAILED DRUG CODE FIELDS: PRIMARY, SECONDARY AND TERTIARY.
- STATES THAT DO COLLECT DETAILED DRUG CODES:

SAMHSA HAS ESTABLISHED THE DETAILED DRUG CODES, PRIMARY, SECONDARY AND TERTIARY AS A MEANS FOR STATES TO REPORT MORE DETAILED DRUG INFORMATION THAN IS POSSIBLE IN THE SUBSTANCE PROBLEM CODE FIELDS. DETAILED DRUG CODES ALSO ENABLE DISTINCTION BETWEEN SUBSTANCES IN INSTANCES WHERE A CLIENT USES TWO (OR MORE) DRUGS THAT ARE ASSIGNED THE SAME SUBSTANCE PROBLEM CODE (MDS 14 A, B AND Q). IN THE FOLLOWING PARAGRAPHS, SAMHSA DEFINES THE RELATIONSHIP BETWEEN THE TEDS MINIMUM DATA SET ITEM "SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY AND TERTIARY)" AND THE CORRESPONDING SUPPLEMENTARY DATA SET ITEM "DETAILED DRUG CODE. (PRIMARY, SECONDARY AND TERTIARY)".

THE SUBSTANCE PROBLEM CODES AND THE DETAILED DRUG CODES HAVE BEEN SUB-DIVIDED INTO SINGLE AND MULTIPLE DRUGS; I.E., DRUGS ARE SAID TO BE SINGLE IF THEY CANNOT BE FURTHER SUBDIVIDED OR MULTIPLE IF MORE THAN ONE DRUG CAN BE PLACED WITHIN THIS CATEGORY. DETAILED DRUGS LSD (0901) AND MARIJUANA/HASHISH (0401) ARE EXAMPLES OF A SINGLE DRUG. AEROSOLS (1701) AND OTHER BENZODIAZEPINE (1308) ARE EXAMPLES OF MULTIPLE DRUGS. A COMPLETE LIST OF SINGLE AND MULTIPLE DRUGS CAN BE FOUND IN THE FOLLOWING SECTION TITLED "TEDS DRUG CATEGORIES."

THE DISTINCTION BETWEEN SINGLE AND MULTIPLE DRUG CATEGORIES IS CONSIDERED WHEN TWO OR MORE OF A CLIENT'S SUBSTANCE PROBLEM CODES ARE THE SAME AND THEIR CORRESPONDING ROUTES OF ADMINISTRATION ARE ALSO THE SAME.

THE FOLLOWING STANDARDS APPLY TO THE SUBMISSION OF THE SUBSTANCE PROBLEM CODE, ROUTE OF ADMINISTRATION AND DETAILED DRUG CODE FIELDS:

FOR THE PRIMARY, SECONDARY AND TERTIARY SUBSTANCE PROBLEM CODE FIELDS, A CLIENT RECORD MAY NOT HAVE IDENTICAL DRUG CODES IN TWO FIELDS WITH IDENTICAL ROUTES OF ADMINISTRATION AND IDENTICAL SINGLE DRUG CODES IN THE ASSOCIATED DETAILED DRUG CODE FIELDS.

EXAMPLE A ILLUSTRATES AN INVALID INSTANCE OF REPORTING THE SAME "SINGLE" DRUG CODE IN TWO DETAILED DRUG CODE FIELDS.

EXAMPLE A: INVALID DUPLICATED SINGLE DRUG IN DETAILED DRUG FIELDS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	01
ROUTE OF ADMIN	01	01	98
DETAILED DRUG CODE	1301	1301	9998

THE STANDARDS ALLOW FOR CLIENT RECORDS TO REPORT THE USE OF TWO OR MORE IDENTICAL SUBSTANCE PROBLEM CODES IF THE REPORTED SUBSTANCES ARE FURTHER DIVIDED INTO DIFFERENT SPECIFIC DRUG TYPES IN THE ASSOCIATED DETAILED DRUG CODE FIELDS. EXAMPLE B ILLUSTRATES VALID INSTANCES OF THREE UNIQUE SINGLE DRUGS IN THE DETAILED DRUG CODE CATEGORY:

EXAMPLE B: VALID INSTANCES OF UNIQUE SINGLE DRUGS IN THE DETAILED DRUG CODE FIELDS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	13
ROUTE OF ADMIN	01	01	01
DETAILED DRUG CODE	1301	1302	1304

DUPLICATE INSTANCES OF DRUGS DEFINED AS MULTIPLE IN THE DETAILED DRUG CODE CATEGORIES WITH IDENTICAL SUBSTANCE PROBLEM CODES AND ROUTES OF ADMINISTRATION IN THE PRIMARY, SECONDARY OR TERTIARY FIELDS ARE PERMISSIBLE. EXAMPLE C ILLUSTRATES VALID INSTANCES OF REPORTING DUPLICATE MULTIPLE DRUGS IN THE DETAILED DRUG CODE CATEGORY:

EXAMPLE C: VALID INSTANCES OF DUPLICATE MULTIPLE DRUGS

	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE PROBLEM CODE	13	13	01
ROUTE OF ADMIN	01	01	98
DETAILED DRUG CODE	1308	1308	9998

TEDS SUBSTANCE PROBLEM CODES AND DRUG CATEGORIES

SUBSTANCE PROBLEM CODES (MDS 14) ARE DEFINED IN THE FOLLOWING CATEGORIES:

SINGLE DRUGS

- 01 NONE
- 02 ALCOHOL
- 03 COCAINE/CRACK
- 04 MARIJUANA/HASHISH
- 05 HEROIN
- 06 NON-PRESCRIPTION METHADONE
- 08 PCP
- 10 METHAMPHETAMINE

- 97 UNKNOWN
- 98 NOT COLLECTED

MULTIPLE DRUGS

- 01 NONE
- 07 OTHER OPIATES AND SYNTHETICS
- 09 OTHER HALLUCINOGENS
- 11 OTHER AMPHETAMINES
- 12 OTHER STIMULANTS
- 13 BENZODIAZEPINES
- 14 OTHER NON-BENZODIAZEPINE TRANQUILIZERS
- 15 BARBITURATES
- 16 OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS
- 17 INHALANTS
- 18 OVER THE COUNTER
- 20 OTHER

DETAILED DRUG CODES (SU DS 1) ARE DEFINED IN THE FOLLOWING CATEGORIES :

[NOTE THAT THE TWO-DIGIT SUBSTANCE PROBLEM CODE FORMS THE FIRST TWO DIGITS OF ITS ASSOCIATED DETAILED DRUG CODE]

DETAILED DRUG CODES (10/2005)

(All codes shown are valid codes)

(States may use old codes until they are able to convert to new codes).

<u>SINGLE DRUGS</u>	<u>OTHER OR UNSPECIFIED DRUGS</u>
0201 ALCOHOL	0706 OTHER OPIATES OR SYNTHETICS
0301 CRACK	0902 OTHER HALLUCINOGENS
0302 OTHER COCAINE	1109 OTHER AMPHETAMINES
0401 MARIJUANA/HASHISH	1201 OTHER STIMULANTS
0501 HEROIN	1308 OTHER BENZODIAZEPINES
0601 NON-PRESCRIPTION METHADONE	1403 OTHER TRANQUILIZERS
0701 CODEINE	1509 OTHER BARBITURATE SEDATIVES
0702 PROPOXYPHENE (DARVON)	1604 OTHER NON-BARBITURATE SEDATIVES
0703 OXYCODONE (OXYCONTIN)	1605 OTHER SEDATIVES
0704 MEPERIDINE (DEMEROL)	1606 FLUNITRAZEPAM – (OLD - RECODED TO 1309)
0705 HYDROMORPHONE (DILAUDID)	1607 GHB/GBL – (OLD - RECODED TO 2003)
0707 PENTAZOCINE (TALWIN)	1608 KETAMINE – (OLD - RECODED TO 2004)
0708 HYDROCODONE (VICODIN)	1609 CLONAZEPAM – (OLD - RECODED TO 1310)
0709 TRAMADOL (ULTRAM)	1701 AEROSOLS
0801 PCP OR PCP COMBINATION	1702 NITRITES
0901 LSD	1703 OTHER INHALANTS
1001 METHAMPHETAMINE/SPEED	1704 SOLVENTS
1101 AMPHETAMINE	1705 ANESTHETICS
1102 METHYLPHENIDATE – (OLD - RECODED TO 1202)	1809 OTHER OVER-THE-COUNTER
1103 METHYLENEDIOXYMETHAMPHETAMINE (MDMA, ECSTASY)	2002 OTHER DRUGS
1202 METHYLPHENIDATE (RITALIN)	
1301 ALPRAZOLAM (XANAX)	
1302 CHLORDIAZEPOXIDE (LIBRIUM)	9996 Not Applicable
1303 CLORAZEPATE (TRANXENE)	9997 Unknown
1304 DIAZEPAM (VALIUM)	9998 Not Collected
1305 FLURAZEPAM (DALMANE)	
1306 LORAZEPAM (ATIVAN)	
1307 TRIAZOLAM (HALCION)	
1309 FLUNITRAZEPAM (ROHYPNOL)	
1310 CLONAZEPAM (KLONOPIN, RIVOTRIL)	
1401 MEPROBAMATE (MILTOWN)	
1501 PHENOBARBITAL	
1502 SECOBARBITAL/AMOBARBITAL (TUINAL)	
1503 SECOBARBITAL (SECONAL)	
1601 ETHCHLORVYNOL (PLACIDYL)	
1602 GLUTETHIMIDE (DORIDEN)	
1603 METHAQUALONE	
1801 DIPHENHYDRAMINE	
2001 DIPHENYLHYDANTOIN /PHENYTOIN (DILANTIN)	
2003 GHB/GBL (GAMMA-HYDROXYBUTYRATE, GAMMA-BUTYROLACTONE)	
2004 KETAMINE (SPECIAL K)	
	NOT APPLICABLE (9996) - USE THIS CODE WHEN THE VALUE IN MDS 14(A, B OR C) IS 01 (NONE)
	UNKNOWN (9997) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE
	NOT COLLECTED (9998) - USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

GUIDELINES FOR CODING MISCELLANEOUS SUBSTANCES:

SUBSTANCE	CODE
EPHEDINE	1809
DEXTROMETHORPHAN (DXM)	1809
CARISOPRODOL (SOMA)	2002
BUTORPHANOL (STADOL)	0706
OTHER NARCOTIC ANALGESICS	0706
MORPHINE SULFATE (MSCONTIN)	0706

OTHER FIELDS: **MDS 14 (A, B, C): SUBSTANCE PROBLEM CODE, PRIMARY, SECONDARY, TERTIARY**—IF THE CODE IN THE DETAILED DRUG CODE FIELD IS NOT A VALID SUBSET OF THE CORRESPONDING CODE IN MDS 14 (A, B, C), THE CURRENT FIELD (SU DS 1) IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (A) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE PRIMARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	31
DATA TYPE:	NUMERIC
BEGIN COLUMN:	97
END COLUMN:	100

DETAILED DRUG CODE, SECONDARY

SuDS 2

DESCRIPTION: THIS FIELD IDENTIFIES IN GREATER DETAIL THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM 'SUBSTANCE PROBLEM CODE, SECONDARY'.

VALID ENTRIES: FROM THE DETAILED DRUG CODE TABLE. SEE SuDS 1 FOR THE CODES.

IF THE FIELD IS NOT BLANK AND THE VALUE IS NOT IN THIS TABLE, THE FIELD IS SET TO **INVALID** (9999).

GUIDELINES: SEE DETAILED DRUG CODES, PRIMARY - SuDS 1

OTHER FIELDS: **MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY**—IF THE CODE IN THE CURRENT FIELD SuDS 2 IS NOT A VALID SUBCATEGORY OF THE CODE IN MDS 14 (B), THE CURRENT FIELD IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (B) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE SECONDARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

MDS 14 (B): SUBSTANCE PROBLEM CODE, SECONDARY - IF THE CODE IN MDS 14(B) IS 01 NONE, THE SECONDARY DETAILED DRUG CODE SHOULD BE 9996 **NOT APPLICABLE**

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	32
DATA TYPE:	NUMERIC
BEGIN COLUMN:	101
END COLUMN:	104

DETAILED DRUG CODE, TERTIARY

SUDS 3

DESCRIPTION: THIS FIELD IDENTIFIES IN GREATER DETAIL THE DRUG PROBLEM RECORDED IN THE MINIMUM DATA SET ITEM 'SUBSTANCE PROBLEM CODE, TERTIARY'.

VALID ENTRIES: SEE SUDS 1 FOR THE VALID CODE ENTRIES.

IF THE FIELD IS NOT BLANK AND THE VALUE IS NOT IN THIS TABLE, THE FIELD IS SET TO **INVALID** (9999).

GUIDELINES: SEE DETAILED DRUG CODES, PRIMARY - SUDS 1

OTHER FIELDS: **MDS 14 (C): SUBSTANCE PROBLEM CODE, TERTIARY**—IF THE CODE IN THE CURRENT FIELD (SUDS 3) IS NOT A VALID SUBCATEGORY OF THE CODE IN MDS 14 (C), THE CURRENT FIELD IS SET TO **INVALID** (9999). FOR EXAMPLE, IF MDS 14 (C) CONTAINS THE VALUE 03 (COCAINE, CRACK), THE DETAILED DRUG CODE IN THE TERTIARY INSTANCE FIELD MUST CONTAIN THE VALUE 0301 (CRACK) OR 0302 (OTHER COCAINE) OR THE FIELD WILL BE SET TO INVALID.

MDS 14 (C): SUBSTANCE PROBLEM CODE, TERTIARY - IF THE CODE IN MDS 14(C) IS 01 NONE, THE TERTIARY DETAILED DRUG CODE SHOULD BE 9996 **NOT APPLICABLE**

FIELD LENGTH 4

ASCII FORMAT INFORMATION

FIELD:	33
DATA TYPE:	NUMERIC
BEGIN COLUMN:	105
END COLUMN:	108

DSM DIAGNOSIS

SuDS 4

DESCRIPTION: THE DIAGNOSIS OF THE SUBSTANCE ABUSE PROBLEM FROM THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*. DSM IV IS PREFERRED, BUT USE OF THE THIRD EDITION, OR ICD CODES IS PERMISSIBLE. IF THE DSM IV IS NOT USED, THE STATE MUST SPECIFY THE CODING SYSTEM IN STATE CROSSWALK.

GUIDELINES: VALID ENTRIES GENERALLY WILL HAVE 3 CHARACTERS AND A DECIMAL POINT FOLLOWED BY 1 OR 2 CHARACTERS. IF A VALID CODE HAS FEWER THAN 5 CHARACTERS AND A DECIMAL, THE CODE SHOULD BE LEFT JUSTIFIED SO THAT ALL REMAINING CHARACTERS ON THE RIGHT ARE BLANK. WHILE A THREE CHARACTER CODE WITH NO DECIMAL OR FOLLOWING DIGITS WILL BE ACCEPTED, VIRTUALLY ALL SUBSTANCE ABUSE DIAGNOSIS CODES HAVE AT LEAST ONE DIGIT TO THE RIGHT OF THE DECIMAL. STATES SHOULD STRIVE TO OBTAIN COMPLETE CODING WITH SUFFICIENT DIGITS TO ACCURATELY CODE THE DIAGNOSIS.

VALID ENTRIES: (XXX.xx) (XXX.x-) (XXX.--) (XXX---) WHERE – REPRESENTS A BLANK.

999.97 UNKNOWN

999.98 NOT COLLECTED

UNKNOWN (999.97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (999.98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

OTHER FIELDS: NONE.

FIELD LENGTH 6

ASCII FORMAT INFORMATION

FIELD:	34
DATA TYPE:	ALPHANUMERIC
BEGIN COLUMN:	109
END COLUMN:	114

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM

SUDS 5

DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS A PSYCHIATRIC PROBLEM IN ADDITION TO HIS OR HER ALCOHOL OR DRUG USE PROBLEM.

VALID ENTRIES: 1 **YES**
2 **NO**

7 **UNKNOWN**
8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON A PARTICULAR RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: NONE

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	35
DATA TYPE:	NUMERIC
BEGIN COLUMN:	115
END COLUMN:	115

PREGNANT AT TIME OF ADMISSION

SuDS 6

DESCRIPTION: SPECIFIES WHETHER THE CLIENT WAS PREGNANT AT THE TIME OF ADMISSION

VALID ENTRIES: 1 YES
2 NO

6 NOT APPLICABLE
7 UNKNOWN
8 NOT COLLECTED

NOT APPLICABLE (6) USE THIS CODE FOR MALE CLIENTS.

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: **MDS 9: SEX**—IF THE VALUE OF THE CURRENT FIELD IS 1 (YES) AND THE VALUE IN MDS 9 IS NOT "2" (FEMALE), THIS FIELD IS SET TO 6 (NOT APPLICABLE).

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	36
DATA TYPE:	NUMERIC
BEGIN COLUMN:	116
END COLUMN:	116

VETERAN STATUS

SuDS 7

DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS SERVED IN THE UNIFORMED SERVICES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD, PUBLIC HEALTH SERVICE COMMISSIONED CORPS, COAST AND GEODETIC SURVEY, ETC).

VALID ENTRIES: 1 **YES**
 2 **NO**

 7 **UNKNOWN**
 8 **NOT COLLECTED**

UNKNOWN (7) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (8) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (9)**.

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD:	37
DATA TYPE:	NUMERIC
BEGIN COLUMN:	117
END COLUMN:	117

LIVING ARRANGEMENTS

SuDS 8

DESCRIPTION: SPECIFIES WHETHER THE CLIENT IS HOMELESS, LIVING WITH PARENTS, IN A SUPERVISED SETTING, OR LIVING ON HIS OR HER OWN.

VALID ENTRIES: 01 **HOMELESS**—CLIENTS WITH NO FIXED ADDRESS; INCLUDES SHELTERS.
02 **DEPENDENT LIVING**— CLIENTS LIVING IN A SUPERVISED SETTING SUCH AS A RESIDENTIAL INSTITUTION, HALFWAY HOUSE OR GROUP HOME, AND CHILDREN (UNDER AGE 18) LIVING WITH PARENTS, RELATIVES, OR GUARDIANS OR IN FOSTER CARE.
03 **INDEPENDENT LIVING** – CLIENTS LIVING ALONE OR WITH OTHERS WITHOUT SUPERVISION.

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. THIS CODE IS ALSO USED IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	38
DATA TYPE:	NUMERIC
BEGIN COLUMN:	118
END COLUMN:	119

SOURCE OF INCOME/SUPPORT

SuDS 9

DESCRIPTION: IDENTIFIES THE CLIENT'S PRINCIPAL SOURCE OF FINANCIAL SUPPORT . FOR CHILDREN UNDER 18, THIS FIELD INDICATES THE PARENT'S PRIMARY SOURCE OF INCOME/SUPPORT .

VALID ENTRIES: 01 **WAGES/SALARY**
02 **PUBLIC ASSISTANCE**
03 **RETIREMENT/PENSION**
04 **DISABILITY**
20 **OTHER**
21 **NONE**

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	39
DATA TYPE:	NUMERIC
BEGIN COLUMN:	120
END COLUMN:	121

HEALTH INSURANCE

SuDS 10

DESCRIPTION: SPECIFIES THE CLIENT'S HEALTH INSURANCE (IF ANY). THE INSURANCE MAY OR MAY NOT COVER ALCOHOL OR DRUG TREATMENT.

VALID ENTRIES:

- 01 **PRIVATE INSURANCE** (OTHER THAN BLUE CROSS/BLE SHIELD OR AN HMO)
- 02 **BLUE CROSS/BLUE SHIELD**
- 03 **MEDICARE**
- 04 **MEDICAID**
- 06 **HEALTH MAINTENANCE ORGANIZATION (HMO)**
- 20 **OTHER (E.G., TRICARE, CHAMPUS)**
- 21 **NONE**

- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE. UNKNOWN IS ALSO USED IF THE STATE COLLECTS MEDICARE AND MEDICAID AS ONE ENTRY.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES:

IF A STATE COLLECTS MEDICARE AND MEDICAID AS ONE CATEGORY, CLIENTS WITH THAT HEALTH INSURANCE SHOULD BE CODED **UNKNOWN 97**.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	40
DATA TYPE:	NUMERIC
BEGIN COLUMN:	122
END COLUMN:	123

EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT

SuDS 11

DESCRIPTION: IDENTIFIES THE PRIMARY SOURCE OF PAYMENT FOR THIS TREATMENT EPISODE.

VALID ENTRIES: 01 **SELF-PAY**
02 **BLUE CROSS/BLUE SHIELD**
03 **MEDICARE**
04 **MEDICAID**
05 **OTHER GOVERNMENT PAYMENTS**
06 **WORKER'S COMPENSATION**
07 **OTHER HEALTH INSURANCE COMPANIES**
08 **NO CHARGE (FREE, CHARITY, SPECIAL RESEARCH OR TEACHING)**
09 **OTHER**

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: IF A STATE COLLECTS MEDICARE AND MEDICAID AS ONE CATEGORY, CLIENTS WITH EITHER OF THOSE EXPECTED PRIMARY SOURCE OF PAYMENT SHOULD BE CODED **UNKNOWN 97**.

STATES OPERATING UNDER A SPLIT PAYMENT FEE ARRANGEMENT BETWEEN MULTIPLE PAYMENT SOURCES ARE TO DEFAULT TO THE PAYMENT SOURCE WITH THE LARGEST PERCENTAGE. WHEN THE PAYMENT PERCENTAGES ARE EQUAL, THE STATE CAN SELECT EITHER SOURCE.

OTHER FIELDS: NONE.
FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	41
DATA TYPE:	NUMERIC
BEGIN COLUMN:	124
END COLUMN:	125

DETAILED NOT IN LABOR FORCE

SuDS 12

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENTS WHO ARE CODED AS "NOT IN THE LABOR FORCE" IN MDS 13, EMPLOYMENT STATUS.

VALID ENTRIES:

01	HOMEMAKER
02	STUDENT
03	RETIRED
04	DISABLED
05	INMATE OF INSTITUTION (PRISON OR INSTITUTION THAT KEEPS A PERSON, OTHERWISE ABLE, FROM ENTERING THE LABOR FORCE)
06	OTHER
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE IF EMPLOYMENT STATUS (MDS 13) IS CODED 01, 02 OR 03.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: THIS FIELD IS TO BE USED ONLY WHEN EMPLOYMENT STATUS (MDS 13) IS CODED 04 "NOT IN LABOR FORCE." FOR ALL OTHER ENTRIES IN EMPLOYMENT STATUS, THIS FIELD SHOULD BE CODED 96 **NOT APPLICABLE**

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	42
DATA TYPE:	NUMERIC
BEGIN COLUMN:	126
END COLUMN:	127

DETAILED CRIMINAL JUSTICE REFERRAL

SuDS 13

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENTS WHO ARE CODED AS "CRIMINAL JUSTICE REFERRAL" IN MDS 7, PRINCIPAL SOURCE OF REFERRAL.

VALID ENTRIES:

01	STATE/FEDERAL COURT
02	OTHER COURT (NOT STATE OR FEDERAL)
03	PROBATION/PAROLE
04	OTHER RECOGNIZED LEGAL ENTITY (E.G. LOCAL LAW ENFORCEMENT AGENCY, CORRECTIONS AGENCY, YOUTH SERVICES, REVIEW BOARD/AGENCY)
05	DIVERSIONARY PROGRAM (E.G., TASC)
06	PRISON
07	DUI/DWI
08	OTHER
96	NOT APPLICABLE
97	UNKNOWN
98	NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE IF PRINCIPAL SOURCE OF REFERRAL (MDS 7) IS CODED 01-06, THAT IS, NOT A COURT /CRIMINAL JUSTICE REFERRAL/DUI/DWI.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES : THIS FIELD IS TO BE USED ONLY WHEN PRINCIPAL SOURCE OF REFERRAL (MDS 7) IS CODED 07 "CRIMINAL JUSTICE REFERRAL." FOR ALL OTHER ENTRIES IN PRINCIPAL SOURCE OF REFERRAL, THIS FIELD SHOULD BE CODED 96 **NOT APPLICABLE**

OTHER FIELDS: **MDS 7: PRINCIPAL SOURCE OF REFERRAL**—IF THE VALUE IN MDS 7 IS ANYTHING OTHER THAN 07 (COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI), ANY ENTRY IN THE CURRENT FIELD IS RESET TO **INVALID (99)**.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	43
DATA TYPE:	NUMERIC
BEGIN COLUMN:	128
END COLUMN:	129

MARITAL STATUS

SuDS 14

DESCRIPTION: DESCRIBES THE CLIENT'S MARITAL STATUS. THE FOLLOWING CATEGORIES ARE COMPATIBLE WITH THE U.S. CENSUS.

VALID ENTRIES: 01 **NEVER MARRIED**—INCLUDES CLIENTS WHOSE *ONLY* MARRIAGE WAS ANNULLED.
02 **NOW MARRIED**—INCLUDES THOSE LIVING TOGETHER AS MARRIED.
03 **SEPARATED**—INCLUDES THOSE SEPARATED LEGALLY OR OTHERWISE ABSENT FROM SPOUSE BECAUSE OF MARITAL DISCORD.
04 **DIVORCED**
05 **WIDOWED**

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	44
DATA TYPE:	NUMERIC
BEGIN COLUMN:	130
END COLUMN:	131

DAYS WAITING TO ENTER TREATMENT

SuDS 15

DESCRIPTION: INDICATES THE NUMBER OF DAYS FROM THE FIRST CONTACT OR REQUEST FOR SERVICE UNTIL THE CLIENT WAS ADMITTED AND THE FIRST CLINICAL SERVICE WAS PROVIDED.

VALID ENTRIES: 000-996 NUMBER OF DAYS WAITING (EX. 1 DAY = 001, 10 DAYS = 010)

997 UNKNOWN

998 NOT COLLECTED

UNKNOWN (997) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (998) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (999)**.

GUIDELINES:

THIS ITEM IS INTENDED TO CAPTURE THE NUMBER OF DAYS THE CLIENT MUST WAIT TO BEGIN TREATMENT BECAUSE OF PROGRAM CAPACITY, TREATMENT AVAILABILITY, ADMISSIONS REQUIREMENTS, OR OTHER PROGRAM REQUIREMENTS. IT SHOULD NOT INCLUDE TIME DELAYS CAUSED BY CLIENT UNAVAILABILITY OR CLIENT FAILURE TO MEET ANY REQUIREMENT OR OBLIGATION.

OTHER FIELDS: NONE.

FIELD LENGTH 3

ASCII FORMAT INFORMATION

FIELD:	45
DATA TYPE:	NUMERIC
BEGIN COLUMN:	132
END COLUMN:	134

NUMBER OF ARRESTS IN 30 DAYS PRIOR TO ADMISSION

SuDS 16

DESCRIPTION: THE NUMBER OF ARRESTS IN THE 30 DAYS PRECEDING THE DATE OF ADMISSION TO TREATMENT SERVICES.

VALID ENTRIES: 00-96 NUMBER OF ARRESTS
97 UNKNOWN
98 NOT COLLECTED

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES:

THIS ITEM IS INTENDED TO CAPTURE THE NUMBER OF TIMES THE CLIENT WAS ARRESTED FOR ANY CAUSE DURING THE 30 DAYS PRECEDING THE DATE OF ADMISSION TO TREATMENT . ANY FORMAL ARREST IS TO BE COUNTED REGARDLESS OF WHETHER INCARCERATION OR CONVICTION RESULTED AND REGARDLESS OF THE STATUS OF THE ARREST PROCEEDINGS AT THE TIME OF ADMISSION.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	46
DATA TYPE:	NUMERIC
BEGIN COLUMN:	135
END COLUMN:	136

Attachment 3.2

TECHNICAL PREPARATION REQUIREMENTS

ATTACHMENT 3.2 - TECHNICAL PREPARATION REQUIREMENTS

1. Data file submission protocol

All admission data must be submitted on a PC diskette or CD-R, or transmitted electronically by FTP, dial-up to contractor's PC, or the Internet. Each diskette and CD submission must be accompanied by the TEDS Data Submission Form provided on the last page of this Attachment. For electronic transmissions, the relevant information from the TEDS Data Submission Form must be provided verbally, or by email or fax prior to the transmission. Passwords for password-protected files are to be transmitted to the TEDS contractor independent of the data transmission.

2. Data file format

Data files must be submitted as an **ASCII Flat File**.

3. Data transmission specifications

The following provides more detail for data submissions to TEDS:

PC Diskette - Formatted personal computer diskette

File formats	ASCII flat file,
DOS Format version	3.0 or higher
Size	3.5 inch
Density	Double or High
Note: If data file is too large for a single disk, use the compression utility program PKZip.	

Electronic Transmission - Data transmission via modem

File Format	ASCII flat file
BPS	28800, 14400, 9600
Parity	None
Data Bits	8
Stop Bits	1
Communication Protocol	ZMODEM, YMODEM, KERMIT
Note: For electronic transmission, contact TEDS Contractor to arrange transmission.	

CD - Compact Disk	
CD type	CD-R, (CD-RW not recommended)
File format	ASCII flat file

Internet Transmission - File transmission as email attachment

File format	ASCII flat file
Note: File must be password protected and may be encrypted. Before sending an encrypted file, contact the TEDS contractor for information on acceptable encryption software. File may be compressed using the PKZip compression utility program.	

4. Data file specifications

ASCII Flat File Format

ASCII flat files have each record represented by a single line terminated by an end-of-line indicator. The standard ASCII end-of-line indicator is a carriage return, line feed. An end-of-line marker is optional. Other specifications are:

Record	A single line terminated by an end-of-line indicator with each field in a specified column
Field	Fixed length in columns shown below
Alphanumeric Fields	Left-justified and filled with blank spaces
Numeric Fields	Right-justified and filled with zeros.

5. Admission Data file structure

The field specifications for an ASCII admission data file are provided below.

(Note that the order of variables in the data file is not the same as the order of variables in the data dictionary or in the TEDS crosswalk).

K= KEY FIELD

Field	Item No.	Description	Data Type	Len.	Begin Col.	End Col.
1	SDS 1	System Transaction Type	Alphanumeric	1	1	1
2 (K)	SDS 2	State Code	Alphanumeric	2	2	3
3	SDS 3	Reporting Date (mmyyyy)	Numeric	6	4	9
4 (K)	MDS 1	Provider Identifier	Alphanumeric	15	10	24
5 (K)	MDS 2	Client Identifier	Alphanumeric	15	25	39
6 (K)	MDS 3	Co-Dependent/Collateral	Numeric	1	40	40
7 (K)	MDS 4	Client Transaction Type	Alphanumeric	1	41	41
8 (K)	MDS 5	Date Of Admission (mmddyyyy)	Numeric	8	42	49
9 (K)	MDS 18	Type Of Services	Numeric	2	50	51
10	MDS 6	Number Of Prior Treatment Episodes	Numeric	1	52	52
11	MDS 7	Principal Source Of Referral	Numeric	2	53	54
12	MDS 8	Date Of Birth (mmddyyyy)	Numeric	8	55	62
13	MDS 9	Sex	Numeric	1	63	63
14	MDS 10	Race	Numeric	2	64	65
15	MDS 11	Ethnicity	Numeric	2	66	67
16	MDS 12	Education	Numeric	2	68	69
17	MDS 13	Employment Status	Numeric	2	70	71
18	MDS 14A	Substance Problem Code, Primary	Numeric	2	72	73
19	MDS 15A	Usual Route Of Administration, Primary	Numeric	2	74	75
20	MDS 16A	Frequency Of Use, Primary	Numeric	2	76	77
21	MDS 17A	Age Of First Use, Primary	Numeric	2	78	79
22	MDS 14B	Substance Problem Code, Secondary	Numeric	2	80	81
23	MDS 15B	Usual Route Of Administration, Secondary	Numeric	2	82	83
24	MDS 16B	Frequency Of Use, Secondary	Numeric	2	84	85
25	MDS 17B	Age Of First Use, Secondary	Numeric	2	86	87
26	MDS 14C	Substance Problem Code, Tertiary	Numeric	2	88	89

Field	Item No.	Description	Data Type	Len.	Begin Col.	End Col.
27	MDS 15C	Usual Route Of Administration, Tertiary	Numeric	2	90	91
28	MDS 16C	Frequency Of Use, Tertiary	Numeric	2	92	93
29	MDS 17C	Age Of First Use, Tertiary	Numeric	2	94	95
30	MDS 19	Opioid Replacement Therapy (Planned Or Actual)	Numeric	1	96	96
31	SuDS 1	Detailed Drug Code, Primary	Numeric	4	97	100
32	SuDS 2	Detailed Drug Code, Secondary	Numeric	4	101	104
33	SuDS 3	Detailed Drug Code, Tertiary	Numeric	4	105	108
34	SuDS 4	DSM Diagnosis	Alphanumeric	6	109	114
35	SuDS 5	Psychiatric Problem In Addition To Alcohol Or Drug Problem	Numeric	1	115	115
36	SuDS 6	Pregnant At Time Of Admission	Numeric	1	116	116
37	SuDS 7	Veteran Status	Numeric	1	117	117
38	SuDS 8	Living Arrangements	Numeric	2	118	119
39	SuDS 9	Source Of Income/Support	Numeric	2	120	121
40	SuDS 10	Health Insurance	Numeric	2	122	123
41	SuDS 11	Expected/ Actual Primary Source Of Payment	Numeric	2	124	125
42	SuDS 12	Detailed Not In Labor Force	Numeric	2	126	127
43	SuDS 13	Detailed Criminal Justice Referral	Numeric	2	128	129
44	SuDS 14	Marital Status	Numeric	2	130	131
45	SuDS 15	Days Waiting To Enter Treatment	Numeric	3	132	134
46	SuDS 16	Number Of Arrests In 30 Days Prior To Admission	Numeric	2	135	136

TEDS DATA SUBMISSION FORM

☐ **ADMISSIONS**

☐ **DISCHARGES**

State _____

Date Submitted _____

Reporting Date (MMYYYY) _____

Number of Records in file _____

Re-submission? ☐ Yes ☐ No

File encrypted? ☐ Yes ☐ No

Encryption method _____

MEDIA / TRANSMISSION METHOD AND FORMAT INFORMATION

☐ **PC Diskette or CD:**

File Name _____

Number of disks/CD's _____

Return Disks/CD? ☐ Yes ☐ No

☐ **FTP or Dial-up
Transmission:**

File Name _____

File Name _____

☐ **Internet Transmission:**

Comments, other information:

State Contact:

Name _____

Fax _____

Phone _____

Email _____